



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY - DIVISION OF MOTOR VEHICLES

APPLICATION FOR COPY OF REGISTRATION

OWNER'S NAME _____ DOB _____
Mo Day Yr.

ADDRESS _____

Original Item: _____ Lost _____ Stolen _____ Illegible _____ (Check One)

Plate Number _____ Type of Plate _____

Plate Decal Number _____ Expiration Date _____

DESCRIPTION OF VEHICLE

Year _____ Make _____ Model _____

Color _____ Cyl _____ Fuel _____

Body Style _____ Gross Weight _____

Vehicle ID# _____

OWNER'S
SIGNATURE _____ DATE _____

DO NOT MAIL CASH

Pursuant to provisions of RSA 261:66, notice is hereby given that the ownership of the vehicle described upon this application has been transferred.

Date of Transfer

Transferred to

Address

Owner's Signature

FALSE STATEMENTS ARE PUNISHABLE BY FINE (RSA 261:73)